Psychotherapy of Adolescents

JOSEPH D. TEICHER, M.D., Los Angeles

• Adolescence is a period marked by turmoil due to inner and outer pressures. Adolescent behavior is a way of coping with the many internal, biological changes and faulty control mechanisms. Adolescents have to live up to many social demands, which mostly demand that they grow up, And yet they have considerable doubts about their abilities. In this turmoil of inner and outer pressures, young people, finding it difficult to trust anybody, reject from adults the help they are seeking. The task of therapy is to facilitate the healthy maturation of the adolescent, to help him develop a concept of an independent self with increasing mastery of the integrating part of the personality, which modifies, selects, controls and coordinates inner drives and modifies those in conflict with external reality.

THE FOLLOWING is a brief summary of some of the general considerations of psychotherapy in adolesence, a period roughly from 12 (for girls) or 13 (for boys) to 18 years of age. There are considerable differences in personality structure between an early adolescent (12-14) and the later adolescent (14-16). A third period of adolescence (16-18) is usually one in which the turmoil commonly associated with that period of life begins to subside. Of course, these periods are not clear-cut and are rather hazy delineations. In general, treatment procedure for the early adolescence group is not very different than for younger children, where the emphasis is predominantly on the problems of daily life.

Adolescence is a critical period in the formation and outbreak of emotional disturbances as well as in the resolving of conflicts. It is a physical event, which renders the young person labile, impressionable and introspective. A certain amount of disturbance in this troubled state is normal. Adolescence is complicated by our society's delaying recognition of maturity to a biologically mature organism. This delay may cause many adolescent transitory adjustments to be solidified into the character structure. Adolescence seems to be at its height in the roughly 14-16 age period.

Increased energy and aggressiveness, coping with the intensified sexual drive and the struggles it awakens, the presentation of infantile and childhood conflicts for re-solution, the genuine press for emancipation from parents, which includes a devaluation of the parents in the effort to be freed of dependence, are present. Conflicts concerning complex feelings about the parent of the opposite sex flare up, with important consequences to socialization. Sibling jealousies and rivalries crop up.

Masturbation and masturbation fantasies are a central preoccupation, intensified by the usual extreme preoccupation with one's self. This oft-irritating-to-parents preoccupation with the self is not only a sign of bewilderment but also an attempt to cope with the newly reenforced sexual drive. Controls over emotional life are uneasy—too rigid or too weak. Experimentation with instinctual drives, testing demands of conscience, probing reality, are all sources of anxiety. Rebellious behavior—attacking ethical and moral standards, parental standards —is a phase in the resolution of the ambivalence in the young person's relationships. Peer groups and customs give the adolescent great support and take on great importance. Confusions and contradictions engendered by society and parents add to the turmoil of adolescence.

The multitude of symptoms can best be understood if one keeps in mind the shifting balances between inner drives seeking expression and those functions which have to do with the individual's relationship to his environment (ego strength), occurring in a social setting with peer-influenced behavior patterns, which range from hair styles to dating behavior. It is not without some justification, or desperation, that some forms of adolescent disturbance are likened to an acute psychotic reaction, when the ego seemingly is overwhelmed by instinctual forces.

In considering psychotherapy with adolescents, one must include the many influences other than direct treatment which help to lessen the young person's tension and conflict and include the many environmental factors to which adolescents are subjected. Therapy includes treatment of the educational and vocational problems, too. And, of course, therapy includes the guidance or treatment of the parents, for often it is their attitude which blocks the aggressive and social outlets of the adolescent, thus fostering conflict and revolt.

Parents who are unable to deal with the strength of the newly discovered drive and power of the adolescent, first become anxious and frightened, then confused and finally irritated and angry. Old

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methods of control no longer work; newly devised ones fail. When parents have had difficulty for years in developing a warm, trusting relationship to their child, this difficulty becomes more intense in adolescence. Difficulties become more serious when parents do not care to participate or are not able to participate in the treatment. Nonetheless, working solely with a motivated young person can be quite successful.

Parents usually bring the adolescent into treatment, and any communications by the therapist with the parent are shared with the adolescent. It is often helpful to the young person in his critical evaluation of his parents for the therapist to set his candid, although tactful, opinions alongside those of the parent. The therapist, in essence, is stating that mastery of the self is possible independent of parental reaction. He must avoid being the "good guy" or "parent," in using his prestige to get special favors. This distorts treatment; it becomes an infantile, dependent relationship for the adolescent.

Broadly speaking, the aim of psychotherapy in adolescence is to facilitate the healthy maturation of the adolescent, to help him develop a concept of an independent self with increasing mastery of the integrating part of the personality (or the ego), which modifies, selects, controls and coordinates instinctual impulses and excludes or modifies those that are in conflict with external reality. Psychotherapy focuses on the repetition of past pathogenic experiences *now, in adolescence*. The aim is to effect structural changes that increase tolerance for tension and frustration. Dealing thus with the problems of instinctual demands and external forces requires a most flexible technique. There is no rigid, this-is-it approach to adolescent problems.

Most of the direct psychotherapy of adolescents has as its goal, then, the strengthening of the ego to the point that tension and hostility are reduced and rebellion lessens. It is a striking clinical observation how much of this result can be accomplished merely by the adolescent's feeling entirely accepted by the therapist. The therapeutic situation, of course, is quite different from that in his home where his parents are so conflicted about him; or in school, where because of his lack of motivation to learn and his defiance, he is no longer welcome; or in court, where he is helpless before the law.

The strengthening of the ego has as its goal more than the effecting of a feeling of trust. The therapist learns the pathological or useless defenses which the adolescent has acquired and which have given him a false feeling of strength. The feeling of strength is important to the adolescent; it compensates for feelings of rejection, inferiority or unworthiness. As the adolescent learns why he has developed such defenses, his behavior may change. For example, as he learns that the feelings of hatred ascribed to his parents are distorted, he learns to accept his parents better and is better accepted by them, and in turn by others.

To establish rapport with the adolescent during the first visits is often the only chance for treatment. The emotional stimulation aroused in the first interview often cements a strong desire for continued treatment contacts. Due to the adolescent's rejection of parental figures, therapists are rejected with the same ease as all other adults. Treatment is more easily accepted by patients whose neuroses—such as phobias and obsessions—cause them suffering. But, even these patients may, after a short initial period of cooperation, deny their difficulties and want to drop out. Persons of the "acting out" type reject treatment more vehemently.

An experienced therapist, secure in his ability to help, can quickly sense the many unmet emotional needs in the adolescent, put him at ease and rapidly develop a feeling of trust. The therapist is in a key position, which has its fortunate aspects, for the adolescent needs a real, personalized relationship with an adult to stabilize his self-control, and he readily displaces his relationship from parents to persons in the outside world. Since drawing away from his parents tends to leave him helpless, he hopes the therapist will fulfill his emotional needs, but fears he may not. The inner void created by separation from the parents can only be filled by the emotional experiences which the relationship to the therapist affords. Always the adolescent-therapist relationship, regardless of the track it takes, aims at progressive mastery of the inner drives and outside demands.

For the therapist to make premature and disturbing interpretations—those that hurt pride or self-esteem—or to have an attitude of wholesale permissiveness (wherein the therapist becomes identified with uncontrollable inner drives) provokes negative reactions. While it is easier to get at unconscious fantasies early in therapy than later on, and the fantasies can be more readily interpreted, one must guard against producing chaos. All relationship distortions are dealt with in the present tense and not traced back to infantile origins. The therapist's reasonable, firm, unaggressive actions gradually modify the conscience of the adolescent and increase his tolerances for tension, which growing up demands. The aim is to understand the defenses of the adolescent in all their deceptive manifestations and to strengthen the ego and its functioning.

The adolescent's tendency to action is well known, and where acting out is a serious problem an atmosphere of restrictions is of great help and even a necessity—even placement in a special facility if need be. If the patient continually makes use of

unrestricted behavior as a relief from inner tension, treatment is bound to be empty. Affection in itself will not bring an adolescent close to the therapist. It may do just the opposite; it may suggest the therapist is weak. Firmness may be demanded to gain his respect. An adolescent who feels he can outsmart the therapist usually will have little use for him.

The ability to treat adolescents implies much experience with them, an intimate knowledge of their habits, weaknesses and strengths. Not every adolescent disturbance is equally well treated by the same therapist. The empathy and spontaneous relatedness to the adolescent's feeling of life is much more than mere understanding and insight. It is this empathy which eases treatment contact. The therapist *shares* the young person's emotions and fantasies, but *with a restraint* that helps the adolescent to identify himself with the therapist and hence guides him toward insight, which in turn helps him develop his standards and a sense of self. Adolescence is a time of psychological and social self-finding.

The therapist must be free of anxiety, which he cannot be if he is unfamiliar with adolescents, or if he fears he may be overlooking significant material requiring attention or if real emotional conflicts in his own adolescence have been unsatisfactorily resolved. The problem for every therapist is how limited he may be in the type of patient he can work with by his own personality make-up or life experiences. The easy display of feelings, the ingenuity necessary to make therapy interesting enough to be continued, the abilities to shift from dramatizing to interpretation, from support to demand, from humor to surprise—these are not qualities every therapist possesses, nor can every therapist acquire them.

No one can say that treating an adolescent is not challenging or difficult or rewarding or frustrating or irritating. It is always interesting and requires a flexibility of technique as well as a supple, well enlightened personality applying the techniques. The therapist's tolerance for frustration must be high indeed!

1408 North Vermont Avenue, Los Angeles 27.